

This form will be used for all 2018 shows unless a new form is submitted before the next exhibition your company attends

FORM 2

**Mechanex
Health & Safety Declaration**

**To be completed by all exhibitors before
Friday 7th September (Coventry) Friday 5th October (Sandown)**

We have read and understood our H & S responsibilities as detailed in the Health & Safety section. We accept our responsibilities as detailed in the Health & Safety at Work Act 1974.

Our principle H & S representative for our stand at the event is:

Name:

Position:

Mobile/Site Tel No:

The principle H&S representative for your stand should understand that he may need to produce a copy of your own company's Health & Safety Policy, and the Health & Safety Policies of your contractors and sub contractors, upon request by the appointed authorities whilst on site at the exhibition.

Please answer following two questions: **please circle**

I am in possession of my company's Health & Safety Policy (do not send) **yes n/a**
(if your company employs less than five people, please circle n/a)

We have **Public Liability** insurance for £2,000,000 that will be valid for the Event **yes**
(Not Employers Liability). **Proof of cover to be returned with this form.**

I hereby confirm that as the nominated person, responsible for health & safety management of the stand/company named above have read and understood all the CDM site specific information. Further to this, I can also confirm that ALL associated stand contractors operating during the construction and de-construction phase of the event have been given all CDM information before arriving onsite. **yes**

If you have taken a space only stand please confirm if you have employed a contractor to build the stand **yes no**

If you have employed a contractor to build your stand, please circle yes to indicate that you are satisfied that your contractor has a suitable and sufficient Health & Safety Policy, and has provided sufficient training for his employees to carry out their tasks competently for the event **yes**

Your details

COMPANY NAME:STAND NO:

CONTACT: TEL NO:

EMAIL:

SIGNED: DATE:

Please return this form with proof of your current Public Liability Insurance (NOT a copy of your employers liability certificate): Kirstin Eldridge, Building Trades Expo, Regal House, Regal Way, Watford, Herts WD24 4YF Tel: 01494 714599 Email: kirstineldridge@supanet.com